

ARIZONA STATE BOARD OF HEALTH

154

State File No.

Registered No. 42

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHCounty Gila State Arizona

District or Township or Village

City Hayden No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Isaac Gussman } If child is not yet named, make supplemental report, as directed.3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. } 5. No., in order of birth. } 6. Legitimate? Yes } 7. Date of birth June 7, 1931
Month Day Year

8. FATHER 14. MOTHER

Full name Francisco Gussman Full maiden name Maria Karen9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden

If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 34 (Years) 16. Color or race Mex 17. Age at last birthday 25 (Years)12. Birthplace (city or town) Elizco Mex 18. Birthplace (city or town) Elizco Mex
(State or country) (State or country)13. Occupation Labour 19. Occupation Redneck
Nature of Industry Copper Smelter Nature of Industry20. Number of children of this mother. (a) Born alive and now living 5
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead. 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive) at 7:30 p m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report. Address. Hayden, ArizonaMonth, day, year Filed July 1, 1931 4502 Dr. J. H. ... Registrar.

975-607-436